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FILED FOR REGORD SKAMA V. JO. WASH BY JESMANN CO. HILL

RETURN ADDRES	s				N	ov 4	12 51 PH '02
				_	J.	م A HOIM.	Xaury AEL GARVISON
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				-			*'Imed
STATE OF WASH	INGTON	MANUE	ACTURED H	IONE	P	FASE	CHECK ONE
ICEN:	SING ringly makes a fall	AP	PLICATION to material fact to a	ulltv	ØTITLE E ☐TRANSF ☐REMOV	LIMINA ER IN I AL FRO	
MANUFACTES		'' oe punishac	l by a fine, Imprison	ment, or be	oth. (RCW 46	.12.210)	
TPO / PLATE NUMBER		MAKE.	LENGTH/MIDTH(FEET)	VEHICLE ID	ENTIFICATION N	Maca A	N
\$60262	1980	PACFA	64 X 28	1	789AB	OMOEN (VI	")
2 LAND			LEGA		A NO NOIT	THE RESERVE AND ADDRESS OF THE PERSON.	2
MANUFAC'I JRED	والمراجع وا		REMOVED	HEAL PR	OPERTY TAX PA 8-26-0-0	FICEL NUM -0802	ABER -00
or ·	BLOCK	PLAT NAME					INSHIP/RANGE
GRANTOR(S)	REGISTERED/LEG	GAL OWNER(S) ADDI	TICNAL NA	MES ON PA	326. 7 GE	ran, rae
COUNTY NUMBER	: -	NUMBER O	F REGISTERED OWNERS		NUMBER OF		MNERS
IAME OF REGISTERED	C'NNER		2			1	
Robert K. J	orgensen		1 W 1	L T			
IAME OF ADDITIONAL R	EGISTERED OWNER		σ , τ	7			
Karen V. Jo	rgensen		CITY				
911 wi	nd Mou	ntain	. 0	verso.	*	STATE	976 48
AME OF LEGAL OWNER	1		J. 55		<i></i>	~	77048
Accel Mort	tgage Corpo EGALOWNER	ration	$+\rightarrow$			_	\rightarrow
DORESS			CITY			STATE	ZIP CUDE
12214 M111	Plain Blvd	200	Vancouver				98684
AME .				ر و مدار مدار مدار مدار مدار مدار مدار مدار			
DEPARTMEN	T OF LICE	ISTNG			ч, ч		
DO SOLEMNLY AT EHICLE AND THIS	TEST UNDER PE	NALTY OF PE	RJURY THAT I/WE	AM/ARE T	HE REGISTE	RED OV	WNER(S) OF THIS
		- 4	1	20	1	7	h
Signature	of Registered Own	er and Title, IF	APPLICABLE	were	()	agu	un-
ignature of Addition	al Registered Own	er and Title, IF	APPLICABLE K	rer	a V. Oc	MOR	nsen
NOTARY SEAL OR S	TAMP	NOTARIZATI	ONCERTIFICATION	FOR REC	ISTERED OV	VNERIB	SIGNATURE
[N	Sintor	Washington County of	Stona		Signed or atte	ested	5-20-01
	otary Public of Washington	County of	0/		before n	ne on	3 - 15 - 5 - 5
JAMES	RCOPELANG	40.		sigr	nature	20 B.	solu.
MYCO	MMISION EXPIRES	MINN OF REGI	STERED OWNER	-	NOTARY	OR AGEN	00-10
	tember 13,2003 PRIII		STERED OWNER	PRIN	TEU NAME OF N	IOTARY	Cope 1-AC
E	Traje_		1214		AN.	ty/Office i Dealer f	VID. OR 9-13-01
TITLECOMPANY	CERTIFICATION	LEHBHI ' POSITIO	N/AGENT/NOTARY			Expiration	
ertify that the legal (escription of the la	nd and owners	hip is true and correc	per the rea	l property rec	ords.	
ME (TYPED OR PRINTE	D)		TITLE	OMPANY / PH	ONE NUMEER		
NATURE / POSITION	 						
	<u> </u>						DATE
nalize this applicat	ion with a Licensi	ng Agent vilth	in 10 calendar days	of the date	Title Compa	ny Repre	sentativo signs.
BUILDING PERM	IT_OFFICE CERTII	ICATION					
certify that: 🙎	are manutacture 3 a building permit	o come has bee has been Issue	on affixed to the real p d for this purpose and	roperty as c	lescribed. ment will be in	gnoctari	Union complettee
ME (TYPED OR PRINTED) NA (BLDG	PERMIT OFFICE/PHONE	#		DG PERMI	
NATURE / POSITION	Morat	5	39-427-0	1484			
naslon	Moat	- Bu	ulding I	nepo	tor	4.	DATE - 02
201/29 MANUF HOME A	PPL (R/8/98)OR Page 1	of 2		1		بسيانسنست	

SIGNATURE OF LEG Signature of Signature of Additional NOTARY SEAL OR STA		HCATES CONSE	· · · · ·		ρ		OM REA	L PROPERT
Signature of Signature of			· · · · ·		ρ		IOM HEN	
Signature of Additional			UADLE	Truz	ins fice	icl .	My.	lino
NOTARY SEAL OF ST	Lecal Owner and	Tille IF ADDI IC	TABLE					V
INCIDENT OFFICE	MP			16.4.				
		of Washington	CHOIVEENIE	TUATIONFO	RLEGALOW		SIGNATU	HE
PREY L.	4	County of _	<u>Clank</u>	·	Signed or at before		5-2	19-01
	・ ↓ □ □ □ □ □	NT NAME OF LEGAL	ACCEL OWNER	mrs Cosp	Signature OTAL	A GA AG	NT ST	mitto
TUGUST 1	ON PRI	NT NAME OF LEGAL	OWNER	F	PRINTED NAME OF		1.5m	2711
OF WAS	Title	NO FAR			_ AND:	Deale	r No. OR	
		CERSHIP POSITION	AGENT/NOTARY		Nota	ALL SECTION	Hon Date C	1-1-04
LAND DESCRIPTION tract of land 6, Township 3	14 (V Ishai desi	ription of the la	nd can be obt	eined from ti	ie local Count	y Asses	sor's Offi	CH
f Skamania, Steginning at the fine Southweseet, more or lorthwesterly antersection wif the said Sec	t Quarter center continues, center ce	st corner of the sa erline of centerline st line of	of the No.	orth hall on 26; t Mountain road 470	f of the l hence Nor n County l	th 81 Road;	thenc	ast 380
DEALER'S REPORT	OFSALE							
I CERTIFY THAT THIS ANY REGULEED SAL	INFORMATION	VIS CORRECT.	THE VEHICLE	IS CLEAR O	FENCUMBRAI	NCES E	XCEPT A	SECONI
ANY REGI IRED SAL		EEN COLLECT	<u>:0.</u>				SOLI I A	J GHOWA,
				WA DE	ALER NUMBER	D	ATE OF BALE	
JACHASE PRICE	TAX JURISDICTIO	ONTAX PATE DEA	LER'S AUTHORIZ	EU SIGNATURE				·
		1		- 10	- 1	ъ.		
USE TAX EX IN	IPT Sale to a Ce	ertified Tribal men	nber on the res	en/ation (attac	h notarized stat	ement c	delivery)	
TOUR HOUSE	MENI FICENS	ING CITTICE AP	PROVAL: (N	of for use his	Richmondelich			
eruly that the above appli a recording of this form,	cation appears to	have been comp	leted correctly,	and the applic	ant has sufficien	tdocum	entation to	procead with
ME (TYPES OR PRINTED)	1			COUNT	OFFICE/VFB OPE	RATOR N	UMBER	
INATURE 999	Lown	1			300	10	6	,
(4	Lans	<i>!</i>				DAT	E /	7
TITLE FEES	Music	1					1114	102
	LICATION	MOBILE HOME FE	EE ELIMINA	TION FEE	USE TAX		SUBAGEN	FEES
			* 1 **********************************		<u> - </u>		TOTAL FE	S & TAY
							, , , , , , , , , ,	
IMPORTANT:	Jnce the appli	cation has bee	n approved	y the Coun	ty Auditor / V	ehicle		1
		e, take your ep the recording	nrillmation for	m in iha Ma	armira Harrison di.		ю.	
ý	our original ar	plication form,	oblain a re	ine Hecordi	ng Office reta	lins		
		recorded, you i	must return t	a Vehicle	Licensing offi	ce to fi	le the	
APPLICA	ividiiuli	actureu morge	ADDIICATION :	navina all re	quired face	Vehicle		. 1
APPLICA	ividiiuli	actured Home ng subagents o	ADDIICATION :	navina all re	quired fees, \	Vehicle		

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-36f. 7 or TDD (360) 664-8865.